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## CASE OF FRACTURE OF THE FEMUR SUCCESSFULLY TREATED ON THE SPLINTLESS METHOD.

BY JOHN JOHNSTON KELSO, M.D. LISBURN.

SARAH PHILLIPS, ætatis four, whilst amusing herself with some companions, on the 10th of October, received a fall from a cart. Some time afterwards I saw her, and found that she had got an oblique fracture of the femur, about the junction of the lower two thirds of this bone with the upper third. There existed considerable tumefaction, with some pain about the seat of injury, the effect of violence inflicted by one of the relatives of the child, who, mistaking the real nature of the accident, had employed rather forcible traction of the limb. Having reduced the fracture, the extremity was laid on a pillow, stuffed with finely-curved tow, on which the eighteen-tailed bandage had been previously placed. The tails of the bandage having been lapped around the thigh, of a moderate tightness, there was then applied two thin slips of wood, of about ten inches long and two broad, as a set-off against splints, which are considered by the people as indispensable. These having been bedded with tow, so as to defend from their contact the immediate seat of injury, they were bound down at either end by tapes. Finally, the edges of the pillow were drawn a little up towards the sides of the extremity, by bands of calico, and so adjusted underneath by padding as to bring the limb to that easy bent position in which the muscles are most relaxed.

*Second day.*—The limb is much swelled, hot, and very painful, more especially about the seat of fracture, accompanied with general restlessness, and impatience of confinement, on the part of the child. It is thus extremely difficult to preserve anything like quietude in the injured part. *The superacetate of lead lotion is to be assiduously applied to the limb.*

*Fifth day.*—Circumstances, over which I had no control, prevented me from visiting my little patient till to-day, when I with regret discovered that things had not gone on so favorably as my anticipations had led me to expect. It is true, the tumefaction, heat, and pain, have, in great measure, subsided, but the fracture is displaced, the extremities of the bone are riding upon each other, and the limb quite crooked. This state of things arose from the foot having slid off the edge of the pillow during the tossings of the child, without being replaced. The

fracture was again reduced, and the limb put up as before, charge being given, at the same time, to the immediate attendants on the child, to preserve the limb as nearly as possible in the position in which it was now left.

*Sixteenth day.*—Since the date of the last report the fracture has rapidly progressed towards complete re-union, in the absence of all local pain or uneasiness. The callus is now so firm as to allow the little patient to elevate its limb from the pillow on which it reposes, and even to throw it about playfully. But in order to guard against unnecessary or rash movements, until the callus becomes more firm, I thought it prudent to apply to the extremity a rather long piece of slender wood, with a circular roller, as a precautionary measure against any untoward accident which, in some of the child's playful moods, might otherwise possibly befall it.

*Remarks.*—This case affords another convincing example in favor of the method advocated by Mr. Radley in the treatment of fractures. And when we reflect how frequently these accidents occur, and the greater or less suffering which they usually excite, no one can view with indifference the proposal of a method of treatment recommended so powerfully by its simplicity, and its freedom from producing local pain or uneasiness, contrasting strongly, as it does, with the common practice of the day, as sanctioned by the greatest names which adorn the profession, both in this and other countries.

The case, also, I am inclined to believe, possesses some additional interest, from the circumstance of its occurring in so young a subject, who, with more than the ordinary restlessness of habit of its years, and devoid of judgment in regard to the right rules of management, which should have been implicitly adhered to, was, it will be conceded, peculiarly ill adapted for being the subject of experiment. Add to this the general and reprehensible negligence evinced on the part of the nearest relatives of the child, and our wonder at the successful termination of the case will not be a little increased. In proof of the justness of what I have been now stating, I may merely allude to the fact of the palpable displacement of the fracture, and the evident crookedness of the member, on the fifth day of the accident—a state of matters which was, in some degree, anticipated, from the feverish excitement and restlessness of the child, but which might, I think, have been easily counteracted by proper attention to that right management which the circumstances of the case so imperiously demanded. Nor was any the least intimation given to me on the subject of the occurrence. It would be wholly unnecessary to remark—were it not to anticipate an objection which may possibly be urged against the adoption of a practice that demands the closest observation, opposed, as it may be considered to be, to any such inconvenience attending the one in common use—that in country practice, however urgent the case may happen to be, professional visits must be always irregular. This objection, however plausible it may at first view appear, only holds good, if, indeed, it can hold at all, in those cases where the subjects of the accident in question are of so tender an age as not to possess understanding; for individuals of maturer years, en-

lightened by reason and experience, will hardly fail to afford to their case the necessary attention, under a system of treatment which dispenses with a farrago of surgical apparatus, relieves them from a greater or less amount of painful sufferings, and, as a limited experience would seem to prove, expedites considerably the cure.

It will be observed that on the sixteenth day from the receipt of the injury, and on the eleventh from the second reduction of the fracture, the callus was so firm as to allow the little patient to move about the limb pretty freely. And after the tumefaction and pain which had been induced at first by the gross violence to which the injured thigh was subjected, had once fairly subsided, there occurred nothing afterwards to impede the rapid progress of the cure.

In effecting union of fractures, there are three essential elements, viz. rest, correct position, and a particular quantity of constitutional energy, so as to be capable of determining a relative amount of local reparative action.

Every one is aware of the good effects of rest, more especially in the earlier stages, in favoring ossific union; and whether this be broken in upon by general restlessness on the part of the patient, or, what is infinitely more common, by local irritation, from one or more causes, exciting to more or less muscular action in the injured limb, the effects are equally injurious. The recognition of this important principle is comparatively modern, and undoubtedly constituted a new era in surgical science. But we are mainly indebted to Mr. Pott for his eloquent advocacy of the great utility of complete quietude in the treatment of the accidents in question. And since the amount of repose was discovered to bear a certain and fixed *ratio* to muscular relaxation, the question naturally arose in the mind of Mr. Pott, whether it was not possible to effect complete relaxation of all the muscles of an extremity, by placing it in the easy bent position? Advocating, however, as the great English surgeon did, the affirmative of this question, the generality of the profession are justly opposed to such a doctrine; but all concur in believing that the greatest possible relaxation of all the muscles results from that position in which the extremity is moderately semiflexed, the thigh upon the pelvis, and the leg upon the thigh. Holding, then, in view this important principle, it is matter at once of surprise and regret, that it should not have been earlier turned to account in the treatment of fractures; for the method promulgated by Dessault, preferred, as it almost universally is, in France, and pretty generally adopted in these countries, is, confessedly, based upon the principle of coercing or restraining muscular action, the avowedly great opponent of ossific union, by a mechanical apparatus. A little reflection, however, must have shown that this practice, which I, too, have occasionally adopted, is better calculated to display the triumph of surgical genius than the promotion of the curative efforts of nature by scientific means, and with reference to ease. It is both difficult and painful, to a greater or less extent, to subdue muscular power, not to mention the insuperable inconvenience of the most approved mechanism by which that end may be attained. Besides, reasoning, *à priori*, would lead us to expect what experience goes to con-

firm, that those muscles which are thus subjected to a species of coercion or torture, are much longer in regaining their wonted activity than if they had been reposing all the while, under the placid system of relaxation.

True it is, we have the fracture apparatus of Sir. C. Bell, and the real improvement upon that by Mr. Earle, by which the limb may be retained in the easy bent position, during the process of curation. This was certainly an important improvement, not as regards simplifying the surgical apparatus, but by relieving the patient from the indescribable uneasiness of the straight posture of the limb, for an indefinite length of time, and the greater or less sufferings from continued extension. In this method short splints are only admissible. An able reviewer, in the October number of Dr. Johnson's *Review*, has defined "*short splints applied only to the thigh, as not being treatment with splints,*" and there can surely accrue nothing of disadvantage, to say the least of it, in abandoning them altogether; and as there can be no magic in the wood on which the limb reposes, any more than in the pillow, the innovation of the pillowy method must surely be invaluable, as being so much more congenial to the sensations of the patient.

Next in importance to rest, is the apposition of the extremities of the fractured bone; and it is a well-ascertained fact, that the more correct the apposition is, the union is effected not only more speedily but more solidly. The fracture having been properly reduced, the reaptation can only be disturbed through the agency of the muscles; and if these organs can be invited to repose, as it is admitted they may be, by an appropriate system of management, such a procedure will surely be preferable to one operated through the agency of physical force.

With regard to constitutional energy, I have to remark, that we are sufficiently conversant with the principal phenomena characteristic of the state of system to which the above conventional term is applicable, although we are completely ignorant of the real amount of vigor absolutely necessary to the perfecting of ossific union. Fractures, it is well known, unite with different degrees of celerity, under circumstances, so far as external appearances are concerned, very nearly the same, and there are peculiar states of the system, besides those generally admitted, which effectually oppose the reparative act altogether. Were it even possible to ascertain the cause, or series of causes, which lead to such results, the newly-acquired knowledge might, perhaps, prove of but trifling advantage; but management, both general and local, has, I am satisfied, more to do in these cases than is generally believed. And in cases of non-union, I am equally convinced that there is generally too much attributed to defective constitutional vigor, &c., and too little attention paid to those minor, more trivial, indications, which legitimately fall within the province of surgical art. In proof of the correctness of what has here been asserted, I could adduce, were it necessary, some cases in point, from personal observation; and, in conclusion, I would observe, that whatever method of treatment the practitioner, in his judgment, may choose to adopt, the more insignificant (*unsurgical*, if you please) points of management should not be overlooked, in his

eagerness to approach to absolute perfection in the more prominent and strictly surgical.—*London Lancet*.

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#### CASES OF COLICA PICTONUM.

BY L. A. DUGAS, M.D., PROF. OF ANAT. MED. COLLEGE OF GEORGIA.

CASE 1st.—M. J., about twelve years of age, apparently of a good constitution, and an apprentice printer, was taken in July last with pain in the bowels, which gradually increased in intensity until it became excruciating. It had continued thus more than a week when I saw him, and learned that the most powerful cathartics had, during this time, been administered liberally without the slightest alvine effect. I found him writhing with agony; the pain had extended to the lower extremities, but especially to the feet; his system evinced no febrile action; his tongue was normal; in short, he presented every symptom of colica pictonum, to which his avocation exposed him. Having long since considered this a nervous affection, although the effect of a specific agency, I examined carefully the condition of the spine, but detected in it not the slightest tenderness when subjected to pressure, percussion, and lateral motion of the vertebræ. This circumstance deterred me from immediately directing my treatment to this region, and a few cathartic pills and a sinapism to the abdomen were ordered. On seeing him the next day, I found that the pills had not operated and that his sufferings were unmitigated, notwithstanding large doses of laudanum had been added to my prescription, during the night, by the lad's mother. I now ordered a blister to be applied to the spine, extending from the middle dorsal to the last lumbar vertebræ, and three inches wide; also another dose of the cathartic pills to be given whenever the vesication should commence. On my next visit, the following day, I had the gratification to find my patient perfectly free from pain; the blister had drawn finely, and the cathartic had acted kindly. Convalescence was rapid, and the boy returned in a few days to his former occupations, without any other remedy.

CASE 2d.—M. B., an apprentice printer, about fifteen years of age, has had several attacks of colica pictonum, at intervals of about six months. Called to him on the ninth August last, I found him laboring under a violent return of this disease. The feet were also affected in this case. No tenderness of the spine. A dose of oil and a sinapism to the abdomen were ordered, and remained without effect. On the tenth, finding the pulse full and resisting, at the same time that a tendency to stupor and delirium was manifested, twenty ounces of blood were taken from the arm, and the oil repeated. No diminution of pain having taken place, in the evening the dorsal and lumbar spine were freely cupped. Eleventh. Passed a much better night than usual and feels much better, though not entirely relieved. A blue pill to be taken morning, noon and night. Twelfth. Pains have returned with redoubled violence, delirium and slight convulsions from excessive suffering; bowels have been

slightly moved; cups reapplied to the spine, and a blister over the cupped surface at night; blue pills continued. Thirteenth. Blister has drawn well; relief is complete. The bowels were now opened with oil, and the case discharged the next day.

CASE 3d.—This is a return of the disease in the subject of the first case. It occurred on the twentieth October, with precisely the same symptoms it had before presented. The costiveness had been endeavored to be removed by oil, &c., on the first day of the attack, but in vain. I immediately ordered a blister to the spine, which gave relief as soon as it acted—a cathartic then administered, acted without difficulty, and the case was discharged well the second day. Here the spine presented no tenderness.

*Remarks.*—It will be noted that the spine in neither of these cases, evinced the slightest sensitiveness; yet revulsives applied to it were invariably and promptly followed by the most decided relief. We may infer from this circumstance that the poisonous effects of *lead* are principally manifested in the sympathetic nerves, and that it is because of their free communication with the spinal marrow, that revulsives applied near this column act so advantageously. Indeed it would seem that the disease may in some instances extend, by continuity of substance, or otherwise, from the sympathetic nerves to the spinal marrow itself, thus accounting for the pain of the extremities, and even loss of motion, which so often complicate colica pictonum.—*Southern Med. Jour.*

#### AUSCULTATION.

[THE following remarks, from the Worcester Palladium, are certainly very sensible. If they were particularly intended for medical readers, it would have been better had they been sent directly to this office. It is with an expectation of hearing from the writer in the way of an original communication, that a republication is given to this short article, which might be more elaborately written upon with manifest advantage to the profession.]

It requires an industrious man to keep up with the progress of knowledge, even in the profession with which he is most conversant; but in no part of the wide field of investigation has this remark so much appositeness as to medical science. The medical profession, it is believed, is running rapidly in advance of those kindred occupations, which by general assent have obtained the appellation of the learned professions. Medical pretenders, it is true, were never more numerous than now—for indeed their name is “legion.” But the number of learned doctors of medicine is rapidly augmenting, as is evinced by the discoveries and inventions that are constantly developed by their investigation of the physical constitution of man—the laws that govern his being—the obstructions, often dark and intricate, that impede the vital energies—and by their patient inquiries in the wide expanse of nature for remedies to relieve the disturbed functions of life. In no employment is study—deep, patient

study—more necessary. Diseases which bear the same name under all circumstances, are constantly presenting themselves under ever-varying modifications; and though their general language may be intelligible to a superficial observer, yet a skilful practitioner will not, and should not, rest satisfied till he can interpret the symptoms, which, like so many dialects, they present under each of their multifarious forms. As in diet, what is one man's *meat*, may be another's *poison*, so in medical practice, what may be a safe prescription in one case may be highly detrimental in another, which may exhibit many of the same symptoms, and yet be of an essentially different character. None but an attentive observer, skilled in the interpretation of the language of diseases, should be permitted to prescribe for a machine of such delicate structure as the human frame. With the best intentions, he who does not understand thoroughly its mechanism, may destroy it when he honestly thinks he shall improve it. With these views, we always record with pleasure the evidences of the onward progress of medical science.

Auscultation, as defined by Dr. Webster, is "the act of listening;" and the art has been carried to a wonderful extent, as appears by a recent number of the London Quarterly Review, by Dr. F. M. Latham, Physician to St. Bartholomew's Hospital. We have not noticed that his book has been republished in this country; but the fact that he is at the head of one of the largest hospitals in London, shows not only his respectability in his profession, but that he has had abundant opportunities to test the truth of his theory by experiments. With the aid of a trumpet-formed tube, Dr. Latham claims to be able, in diseases of the lungs and chest, to tell what parts are affected, and in what manner, by the noise, peculiar to the various parts, caused by the rushing of the blood along the arteries, the beating of the heart, respiration, &c. When the ear has become familiar with the natural sounds produced by the functions of a healthy structure, it will readily detect the deviations caused by disease, their locality, and their progress to a more disordered or more healthy action. In this occult art, Dr. Latham has gone beyond all other experimenters.

The question is one of great practical moment, whether auscultation affords any essential aid in curing the diseased parts of the internal structure whose complaints it interprets. From the review of Dr. Latham's book, it does not appear that he is yet enabled by his art to arrest that most formidable of all antagonists with which physicians have to contend, consumption; or, indeed, that the knowledge it gives him, is of any practical importance in applying prescriptions. But it is an acquisition not to be despised, that the practitioner is able to detect the cause, the seat, and the operation of disease. It is the first great step to a discovery of more intense and absorbing interest, which it is hoped will ere long be made—that of a remedy for those internal maladies that, under the name of consumption, cut down human life with as much fatality as befalls the grain of the field before the sickle of the reaper.



# POST-MORTEM EXAMINATION OF THE BODY OF A LADY OVER ONE HUNDRED YEARS OF AGE.

[Communicated for the Boston Medical and Surgical Journal.]

THE old lady who is the subject of the following notice died after a long life of uninterrupted good health, aged one hundred years and six months—her death being finally accelerated by a fracture of the hip, which occurred a few weeks previous. For the last year she has been subject to some aberration of mind, which required that she should be somewhat restrained in her motions; and as she had a constant desire to leave the house, her clothes were taken from her, and she was confined as much as possible to the bed. About a month since, while left by herself, she was heard by the persons in the room below to get out of her bed, and while walking across the room, to fall heavily on the floor. Upon going into her chamber she was found prostrate, and unable to rise. She was immediately carried to her bed, her medical attendant called, and an examination being made, it was discovered that a fracture had taken place through the neck of the thigh bone.

There was no apparent displacement of the fractured parts, and it was determined, therefore, that the application of any apparatus for confining the limb would be unnecessary, position only being relied upon for the union of the bone. She was directed to lie upon her back, and a pillow placed under the limb so as to keep the thigh slightly flexed on the pelvis.

She died about three weeks after the accident, her death taking place without suffering, and apparently occasioned by the combined effects of the accident and the confined position necessarily attendant on it. It may be well to state that the senses of the old lady remained perfect to the last; her hearing was good, and she was able to read the smallest print without the use of glasses.

The body was examined twelve hours after death, and presented the following appearances. Stature small—about five feet—very little emaciation. On the lower part of the sacrum was a gangrenous spot, two inches in diameter, occasioned by the long pressure on that part from her confined position. The left lower extremity was shortened perhaps a quarter of an inch, and the toes slightly turned inwards.

Upon opening the head about a gill of water escaped from the cavity of the dura mater. This membrane was strongly adherent throughout to the cranium, requiring the use of much force to separate it from its attachments. The superficial vessels of the brain were much distended with blood—its substance of good consistence, offering otherwise nothing remarkable. All the sutures of the cranium were completely ossified.

The cartilages of the ribs were not ossified, as is usually the case in old persons, and were easily cut through with the knife.

The lungs were of a dark-blue color on the left side, at the summit were strongly adherent to the ribs, and at this point a conglomeration of small semitransparent granulations were found imbedded in the substance of the healthy lung. These granulations were scattered throughout the lung, but at no point was there any appearance of cicatrices or



tubercles in a softened state. The edges of the lower lobe of the right lung presented the most marked appearance of emphysema. The heart was small, its cavities filled with black, uncoagulated blood. The free edges of the valves of the aorta were not ossified; at their bases, however, and at that part of the aorta opposed to their edges, were two distinct osseous rings. Small patches of osseous deposits, some of them an inch in diameter, were scattered at intervals throughout the whole course of the aorta. The liver, kidneys and spleen were perfectly healthy, and of the natural color and consistence. The stomach was remarkably small, its calibre about the same with that of the duodenum, from which externally it was difficult to distinguish it, and presented much the appearances observed about a year since in the stomach of an old lady who had destroyed herself by starvation, with this exception, that in the latter case the mucous coat was much more corrugated. The intestines were generally of small size, at some points in the large intestines not being more than half an inch in diameter. At the rectum, however, a very remarkable phenomenon presented itself.

The intestine was here dilated into a large pouch, completely filled by a ball of hardened fecal matter, which occupying the whole cavity of the pelvis, forced the bladder completely out of its natural situation;—below, this mass was found pressing down on the perineum and slightly dilating the anus. From all appearances this ball must have been for a long period in the situation in which it was discovered, as she had complained of no suffering, and the bowels had been perfectly regular up to the day of her death. The matter evacuated of course passed down at the sides of the obstruction.

The bladder was large, its mucous coat somewhat reddened and rather softer than natural. The uterus was about the size of a hazel nut, and on cutting into it a small quantity of pus, apparently of recent formation, escaped from its cavity. Nothing remarkable was observed about the ovaries, either as to size or consistence.

Upon examination of the hip, it was found that a fracture had taken place at that part in a very remarkable manner. In the first place a fracture extended from the trochanter longitudinally through the neck of the os femoris; in the second place, the trochanter was completely separated from the body of the bone; no apparent displacement, however, had taken place of the fractured portions, although freely moveable on each other. As yet there appeared no attempt at union.

The remarkable features of this case are, first—the want of ossification about the ribs, which would naturally be expected in a person of such an advanced age; second, the small size of the stomach; third, the great mass of hardened feces in the rectum—allowing, nevertheless, the regular passage of matter at the sides, so that previous to death nothing of the kind was suspected. A case in which a similar collection took place is given in one of the late numbers of the *London Medical Gazette*. The patient was a lady seventy years of age, and had suffered for some time with most excruciating pains in the lower part of the rectum. These pains were periodical, and similar in their character to the bearing-down pains of labor. An examination being finally made,

it was found that a large mass of hardened feces, of the size of the head of a full-grown foetus, was pressing down upon the perineum, the anus being distended to the size of a crown-piece. This mass was broken down with the handle of a spoon, and the sufferings of the patient immediately relieved on the removal of the obstruction. Nothing of the kind had been suspected, as the patient had always enjoyed a regular state of bowels.

The fracture in the present case was uncommon, and almost amounted to a split of the bone, instead of the transverse or slightly oblique fracture usually observed when the bone is broken in old persons. In conclusion, it may be observed that the bones were not more brittle than is ordinarily observed in persons of 40 or 50 years of age.

*Boston, Feb. 8th, 1837.*

J. M. W.

#### CRUDEN, THE ASSUMED CORRECTOR, CORRECTED.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—To show the unfair manner in which Cruden has misrepresented my cases of pulmonary gangrene, it will suffice to review only a portion of his first paragraph in his communication of the 1st instant. I will give the thing itself.

“Dr. A.’s explanation of his mistake in confounding the existence of the respiratory murmur with the phenomenon of pectoriloquy in the same part, is evidently an after-thought. A proof of this is found in the sixth case, in which Dr. A. says, ‘respiratory murmur sonorous on both sides the chest—distinctly pectoriloquous on the right side above the nipple,’ &c. His pathological conclusion is that the diseased parts are cavernous and passing into the state of sphacelation. Moreover, when Dr. A.’s fatal prognosis of this case came to be verified, which we have reason to believe soon happened, the patient’s attending physician found in his right side ‘one complete excavation; not a vestige or particle that resembled lung or membrane remained.’”

There is no need of my pursuing him through the conclusions drawn from these premises. If these premises had been correct, his conclusions would have been correct; but *the premises being false, the conclusions are false also*. There are four false accounts in the portion of the paragraph quoted above.

1.—In his first sentence C. obviously intended to have the medical public understand that I had committed and acknowledged a mistake in relation to the hectic lady mentioned under the head of my fifth case, to illustrate the effect on the audible characteristics of some cases by mechanical obstruction, which, as in this case, after a paroxysm of coughing and expectoration, “pectoriloquism was clear and distinct.” The designed idea that I had committed a mistake in this case is false: for proof, see my first paragraph in this Journal, vol. XV. page 375; also, *ibid*, page 220, where the whole of the facts are detailed which caused the introduction of the “hectic” lady’s case in illustration.

2.—My language is quoted *incorrectly*. This, however, is of but little consequence. It was to have been expected, when the spirit which characterizes Cruden's whole production is taken into the account.

3.—His exposition of my "pathological conclusions" in the sixth case, that "the diseased parts are cavernous and passing into a state of sphacelation," is apparently expressed in a vague manner with the design of giving a misrepresentation of my conclusions. My conclusions were thus clearly and definitely expressed. "Excavation in the right lung and gangrenous; left, small excavation or dilatation of the bronchia; general substance of the lung passing into the same state of sphacelation. —*Prognosis*, event fatal." *Why* and *where* is it determined that there is an "excavation in the right lung"? *The why* is answered, because it was "*distinctly pectoriloquous on the right side*;" and *the where* is definitely settled by the clause of the sentence, "*above the nipple*." Now, the facts that the pectoriloquy had a defined location, and that there was "a respiratory murmur sonorous on both sides of the chest," plainly show that the whole of the right lung could not have been destroyed at the time of the examination, as C. would have it inferred.

4.—The assertion made by C. that "when Dr. A.'s fatal prognosis of this case came to be verified, which we have reason to suppose soon happened," is evidently a real intention to *deceive*. The question turns on the point, "*soon happened*." How soon? See page 229, where it will be found the patient lived eleven days after my examination (July 22), and that my examination was made six days from the commencement of the affection of the lungs. Now, if in six days from the attack an excavation had formed in the right lung, is it unreasonable to conclude that during eleven days, when he deceased ("Aug. 3d," *Ibid*), the whole lung would have been destroyed? What else but the progressive destruction of this gangrenous disease destroyed the patient, Buttolph? What if I had examined him seven days before I did, i. e. one day before the disease of the lung commenced; should I then have detected an excavation in any portion of the right lung? According to Cruden's logic, I certainly should. There, then, would have remained "no vestige of a lung." As he admits no change to have taken place in the last "*eleven days*" of the disease, it is certainly equally fair to infer that none could have occurred during the *first six days*. Cruden has surely presented himself before the public in an awkward predicament. We must either infer that Buttolph never had a right lung, or that C.'s philosophical acumen is "a little out of joint," probably only "*a subluxation*."

But what philosophy and logic this metropolitan "*Corrector*" possesses! they even resist the ravages of gangrene and of death; for with the dash of his pen, he is enabled to hold each in perfect suspense, in his noble opinion. No alteration, no change, in *eleven days*, in a fatal case of pulmonary gangrene of seventeen days duration. What nonsense!

The remaining paragraphs in C.'s late debut are like "unto the first," equally sophistical, perverse and evasive. They are not only *a little too little*, but *very much too little*, to demand a reply. A response to such fallacies and sophisms can be excused only on the ground of disabus-

ing the public and showing the character of the writer. In the present instance both of these have been sufficiently accomplished. A "Corrector" should, of all men, first be correct. The truth of this has become proverbial. "Physician, heal thyself," has become an axiom. However, it may be that, like his prototype, this Cruden is a very considerable portion of the time *insane*; if so, it may be well for him to take a portion of hellebore before he makes another public effort. "*Soyez tranquille.*" "Do not chafe," friend C. "at a little good-humored reproof," though it may come from a Vermonter.

Middlebury, *Vt.* Feb. 7th, 1837.

J. A. ALLEN.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 22, 1837.

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### DR. HAMILTON'S ADDRESS.

FROM the enterprise of a single individual, F. H. Hamilton, M.D., a beginning has been made at Auburn, N. Y. which may eventually become a third school of medicine in that great State. Unassociated with others, and solely relying upon his own resources, Dr. Hamilton appears to have established a reputation which is acknowledged at a distance. He commences a course of lectures in November, annually, on anatomy and surgery, which continues seven weeks. All the lectures are given by himself—six in each week—at ten dollars a ticket. The class, the present season, consisted of forty-three students. No dissections are made on the human subject—all the demonstrations being given on dried and wet preparations. This is the only defect at present discoverable in this incipient college. We can perceive no valid reason why dissections are not conducted on a systematic plan, as in all other places where the principles of science are usually taught. Those who study operative surgery on injected bodies only, will find themselves miserable operators. In fact, such anatomists as those must be who never traced out the relations of muscles, nerves and bloodvessels with their own eyes, could never be trusted with a cutting instrument on the living body. Dr. Hamilton may better understand the cause which influences him to continue this method year after year, than ourselves; but ultimately, we predict, he must either abandon his lectures altogether, or teach according to the requirement of the times.

In the introductory address which was given when the last term commenced, a copy of which is now before us, the lecturer fully evinces an opinion that actual dissection is necessary, although, in the prospectus, an express declaration is made that no such business shall be conducted.

"It is not sufficient," he says, "that a surgeon acquaint himself with the number and order of the bones—the names and situation of the viscera; these are but the grand divisions, the continents and the mountain ranges, seen at once upon the globe's surface; but the lesser hills, the

bays and promontories, the rivers and the numerous brooks, canals and sluiceways which penetrate the interior, are not yet observed. Such anatomical acquirement might indeed enable him to carve and disjoint a turkey, or canvass-back, with sufficient skill, but would never qualify him to carry the scalpel through the gory wound amid the mazy structure of muscles, tendons, ligaments, nerves, arteries and veins, and not untune one of its thousand strings. Neither is it sufficient that he has diligently read Horner, Bell, Velpeau, and furrowed his brain with their elaborate descriptions; he may, it is true, attain a rich vocabulary of technicals—*verba pomposa et voluminosa*, yet know as little of the structure of the body and be as incompetent to practise surgery, as the mechanic to construct a house who has studied from Lefevre, Nicholson or Benjamin the different orders of architecture and the names and situation of their respective parts, but never seen them in a building, or handled a mechanic's tool. By demonstration alone can the proper attainments be made; we should say rather by *actual dissection* alone. The student, therefore, who would be a correct anatomist or skilful surgeon, must himself trace out the numerous vessels which carry out the vital moisture, and irrigate the remotest parts of the human system. He must unravel the infinitely multiplied nervous threads whose invisible aura conveys with electric speed the feelings and sympathies of the most distant member. He must carefully separate every fascia which envelopes the body, every muscle and every tendon, observe where they seize upon the bone, what the direction and mechanism of their action, where the lever, and where the fulcrum rests, mark at what point a vessel or a nerve intersects its course, whether it plunges into its belly and is lost, or creeps along its side and is spent upon other parts. He should also acquaint himself by comparative examinations of what deviations may occur, and what their probable effect. In short, as man is the building, and he the artizan to repair its wastes and injuries, he should know every beam and its proper proportions and adjustment, and all its different, simple and complicated arrangements, whether the structure be Corinthian, Ionic, Doric or Gothic."

Rather than have such powers absolutely wasted—for it is nothing short of waste to discourse in the able manner which characterizes this gentleman's daily lectures on *wet* and *dry* preparations for seven weeks—he should be furnished from the cities with suitable materials for demonstration. The following remark is important.

"Anatomical science, though certainly less important to the legal than the medical man, is yet sufficiently so to render it a subject deserving also his attention. We have always been surprised that the jurist pays so little attention to a study which might be of incalculable service to him in many criminal investigations—a full acquaintance with which would often possess him of decided advantage over his less informed brethren at the bar. It would enable him by a well-regulated series of questions, to detect and expose the inaccuracy of the medical witness, and thus render his whole testimony nugatory; and as there are no causes which more frequently involve the life and reputation of the client, therefore, none in which the counsel has more frequently an opportunity for the display of talent, ingenuity and eloquence. Indeed, we do not think a conscientious jurist can acquit himself with justice to his client or in a manner satisfactory to himself in a medico-legal investigation, unless he is well instructed in the principles of anatomical and pathological science: and in

our humble opinion, this subject should form one of the prominent branches of study in all our law institutions—and should be taught on the same extended scale, by dissections and demonstrations, that it is at regular medical schools. A school of this kind, and which might serve as a model for others, exists at Berlin, at the head of which is an eminent anatomist, Dr. Wagner. The students are amply supplied with subjects, and themselves perform post-mortem examinations, and also receive instructions on judicial subjects. The good effects of such an institution cannot be doubted.”

Dr. Hamilton has our best wishes for his future success, knowing that he is well qualified to do credit to the profession.

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#### PRINCIPLES OF PATHOLOGY.\*

TREATISES on the theory and practice of physic, like the fashions of dress, are continually changing. That which was thought to be excellent at one time, is superseded, at the end of a bookseller's quarter day, by something claiming to be altogether superior. It is not always true that new principles are developed, or that new ideas are advanced, in this endless multiplication of books. Old doctrines are often presented in new, and under more favorable aspects; and the transposition of a sentence from its former abode between the leaves of a neglected folio of the last century, to a modern dress, is frequent, though rarely considered in any other light than advancing the interests of the profession.

The fact is, there are but a limited number of new things in our day, in the way of physic—but these are so often re-presented to the world, that it is by no means strange that some of them pass repeatedly, and very currently, for new discoveries. By this remark, however, there is no intention of undervaluing the “*Principles of Pathology*,” by Dr. Macintosh. On the contrary, it is a most desirable production, containing, within a moderate compass, the essence of all the elaborate works of the last fifty years. Dr. Good, the learned and excellent author of a masterly amount of human knowledge relating to the treatment of disease, though somewhat trammelled by useless technicalities, etymological jargon and historical reminiscences, repolished and refinished by one of our own countrymen, is now laid upon the shelf, and if not unsought, at least but slightly noticed. We are not ignorant of the fact that the present edition is from the fourth in London—yet, were it not for the name of the American editor, Dr. Samuel G. Morton, of Philadelphia, it is doubtful whether much interest would have been felt in its behalf. This gentleman is so well fitted for improving the reputation of some eminent transatlantic writers, that it may be considered certain that he has executed a labor in this instance which will be mutually beneficial to himself and his readers.

So far as mechanical execution is concerned, these volumes are faultless. The type is good, the paper good enough, and the price is no objection. Lastly, the notes and additions commend themselves to every practising physician. If, instead of having been appended to the English work, our Philadelphia friend had magnified them into distinct essays, he might have laid claim, with strict propriety, to that distinction which he seems destined to attain.

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\* *Principles of Pathology and Practice of Physic*, by John Macintosh, M.D., &c. &c. First American from the fourth London edition, with notes and additions by Samuel George Morton, M.D., &c. In two volumes. Philadelphia: Edward C. Biddle, 1837.

*Trial of Quack Medicines.*—Mr. Guthrie, of the Westminster Hospital, London, has lately allowed a trial to be made, on several patients under his care, of the liniment used by the late celebrated Mr. St. John Long. Mr. G. also consented to have the experiment tried on himself, having a pain in his right knee, with which he was occasionally afflicted. It was tried on five patients besides himself. As it was brought to the hospital avowedly as a secret, Mr. G. refrained from any examination of it during the trial—considering it a point of honor to do so. He represents it as cool and agreeable when applied to the skin, causing a slight sensation of warmth and a little redness when rubbed in with the sponge, which is the mode of applying it. He was told by Mr. Wood, the rubber, that the liniment could only produce its due effect, viz. a discharge from the surface, over a diseased part. Mr. W. was taken at his word, and requested to ascertain in this manner the part of the knee in which the pain was seated. The rubbing was commenced generally, over the whole surface of the inside of the knee, as if in the expectation that the particular spot would become redder. At last a little redness did appear; but the rubbing at once changed, and instead of being general, the sponge turned on the red spot as on a pivot, which consequently became tender, and the blood was ready to start. Trial was next made on the inside of the knee with the same effect, and the same could be effected anywhere, it was found, by the same means. To prove this, another place was tried with soap-suds and sponge, and exactly the same results followed. The other patients were rubbed on the forehead, temples, &c., till the parts were sore, when a pounded cabbage-leaf was applied, fastened by a strip of sticking plaster. A day or two afterwards, the sponge was again applied to these surfaces, and rubbed round till they bled freely. A cabbage-leaf was again used, and a considerable discharge followed. The repetition at last removed the skin, and in one case a granulating surface was induced, which suppurated freely. From these experiments Mr. G. has come to the conclusion that the friends of this vaunted liniment are correct in claiming for it the quality of harmlessness, as he is quite satisfied it is as harmless a preparation as was ever made by regular or irregular doctor. But he considers them wrong in attributing all the good effects of the remedy to the liniment and nothing to the manner of using, as he is convinced everything depends on the manner of using it, and nothing on the liniment. Mr. Guthrie, however, though he does not praise the liniment, considers Mr. Wood the best rubber in England, and well acquainted with the art of producing counter-irritation. Mr. G. has also other trials going on with secret remedies.

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*Medical Appointment.*—John L. Riddell, M.D. late Adjunct Professor of Chemistry and Lecturer on Botany, in the Cincinnati College, has been appointed Professor of Chemistry in the Medical College of Louisiana; vice W. Byrd Powell, M.D. resigned. Dr. Riddell has entered on his duties.

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Whole number of deaths in Boston for the week ending February 18, 23. Males, 14—females, 9. Consumption, 5—lung fever, 3—tumor on the brain, 1—infantile, 2—smallpox, 1—quinsey, 1—cancer, 1—dropsy, 1—old age, 3—sudden, 1.

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DIED,—In Sandwich, Mass. Dr. Bartholomew Cushing, aged 54.—In Franklin Co. Va. Dr. R. M. Beard, aged 53.—In Shepherdstown, Va. Dr. S. B. Foster, 55.



## VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

*(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring degrees.*

THE Annual Course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

H. H. CHILDS, M.D.	- - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - -	Chemistry and Materia Medica.
ROBERT WATTS, JR. M.D.	- - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - -	Demonstrations in Anatomy.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy, and occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for practical anatomy, arrangements for that purpose having been made last year in the city of New York.

*No subject for dissection will be received from any person, or on any terms.*

Fees for the course, \$45. Graduation, \$18. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50.  
Feb. 14—1M9

## A BARGAIN.

A PHYSICIAN in the County of Kennebec (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

tf

## TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

tf—Oct. 19

Boston, Oct. 7, 1836.

## PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me., JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn.

Oct. 5—6m

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